

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

APPLICATION FOR REINSTATEMENT OF  
CLASS C CHARTER CERTIFICATE FROM  
C and D LIMO SERVICE, LLC

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DEC 30 2010

ORS  
T.T.W.W.W

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET 2010 295 T  
NUMBER: 2009 - 370 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: DELBERT S. WASHINGTONTelephone: 843.513.0100Address: POST OFFICE BOX 13864

Fax: \_\_\_\_\_

CHARLESTON, SC 29422

Other: \_\_\_\_\_

Email: TravelDWashington@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application – Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

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PSC SC  
CLERK'S OFFICE

## CLASS C REINSTATEMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE:

12/29/10

Please consider this an application for Reinstatement of my:

☐

Taxi Certificate Number \_\_\_\_\_

☒Charter Certificate Number 8177☐

Charter Bus Certificate Number \_\_\_\_\_

☐

Non-Emergency Certificate Number \_\_\_\_\_

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ORS  
T,T,W,W/W

My certificate was revoked/cancelled on

11/17/10

because

my 2009 AnnualReport was not filed.  
(DATE)

I am seeking reinstatement because

I want to be compliant in the  
completion of my 2009 Annual Report.Cand D Limo Service, LLC

(Name of Company)

DBA \_\_\_\_\_

13-D S. Anderson Avenue

(Street Address)

Charleston, SC 29412

(City, State, Zip Code)

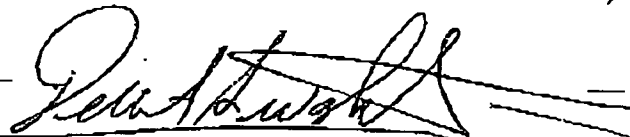
843.513.0100

(Telephone Number)

(if applicable)

Post office Box 13864  
Charleston, SC 29422

(Mailing Address if different from Street Address)

Owner-President

(Title) Owner, President, etc.

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**Transportation  
CARRIER ANNUAL REPORT**

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN

12-30-10 Carrier **OF**  
Applying for Reinstatement~~Debert S. Washington~~ - Cand D Limo Service, LLC

Exact Legal Name of Respondent

8177

PSC/ORS Number (leave blank)

**FOR THE YEAR ENDED 2009**☒ Calendar Year Ending December 31, 2009

or

☐ Fiscal Year Ending \_\_\_\_\_